

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002875

STATE FILE NUMBER

AMENDED

Registration District No. 201
FILED JAN 23 1962

Primary Registration District No. _____

Registrar's No. 24

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson Twp.</u> | | c. CITY OR TOWN <u>STANBERRY</u> | |
| Length of stay in 1b <u>Life</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 miles N.W. Stanberry</u> | | d. STREET ADDRESS (If outside, give location) <u>RFD # 3</u> | |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>HERMAN</u> Last <u>DERKS</u> | | 4. DATE OF DEATH Month <u>January</u> Day <u>10</u> Year <u>1962</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>CAU</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 21, 1903</u> |
| 9. AGE (last birthday) <u>58</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>See 10a</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Gentry County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Theodore Derks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Johanna Lamus</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Gertrude Derks</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>Mrs Alfred Meyer</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gastroenteritis 1961</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>1960</u> to <u>Jan 10-1962</u> and last saw her <u>Jan 9-1962</u> alive on _____ Death occurred at <u>6:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>R.C. Miligan</u> | | 22b. ADDRESS <u>Stanberry Mo</u> | |
| 22c. DATE SIGNED <u>1-12-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>January 13, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Conception, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>JOHNSON FUNERAL HOMES, Stanberry, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-13-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawson Johnson

Licensed Embalmer No. 4948

P. O. Address Starberry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.